

<b>FACILITY</b>		<b>PR#:</b>
<b>PROJECT</b>		
<b>ADDRESS</b>		

**AMBULATORY SURGICAL CENTERS**  
**OAR 333-076-0185**  
Effective April 1, 2012

\_\_\_\_\_ **Schematic Design (SD) Review**      \_\_\_\_\_ **Construction Document (CD) Review**

ADMINISTRATIVE RULE SECTION	COMPLIED?		COMMENT
	YES	NO	
<b>PHYSICAL ENVIRONMENT 333-076-0185</b>			
<b>(1) Applicability. OAR 333-076-0185 shall apply to:</b>			
(a) An ambulatory surgical center not licensed on April 1, 2012; or			
(b) A major alteration to an ambulatory surgical center for which plans were not submitted to the Division on or before April 1, 2012; provided, however, that OAR 333-076-0185 shall apply only to the major alteration and shall not apply to any other area of the ambulatory surgical center.			
<b>(2) For the purpose of this rule the following definitions apply:</b>			
(a) "Major alteration" means any structural change to the foundation, floor, roof, or exterior or load bearing wall of a building, or the extension of an existing building to increase its floor area, where such structural change or extension affects patient care or safety. "Major alteration" also means the modification of an existing building that results in a change in use, even if the modification does not include any structural change to the building, where such modification affects patient care or safety. "Major alteration" does not include cosmetic upgrades to the interior or exterior of an existing building, including but limited to changes to wall finishes, floor coverings and casework.			
(b) "Change in use" means altering the purpose of an existing room. "Change in use" does not include the sale of an ASC if the new owner provides services in the same class of operating rooms pursuant to section (15) of this rule.			
<b>(3) Notification of Alteration:</b>			
If an ASC proposes any of the following alterations the ASC must notify the Division. The Division shall determine, on a case-by-case basis, whether such alterations constitute a "change in use". If an alteration affects patient care, patient safety, is a change of use, or includes any of the following, the alteration is subject to this rule:			

ADMINISTRATIVE RULE SECTION	COMPLIED?		COMMENT
	YES	NO	
(a) Addition of surgical services, to the extent the additional surgical services cannot be performed in the class of operating rooms existing in the ASC pursuant to section (15) of this rule;			
(b) Replacement of equipment in the ASC that is permanently connected to major building components, such as: power, heating, ventilation, air conditioning, plumbing or medical gas; and			
(c) Addition of doors to pre-operative holding areas or post-anesthesia care units.			
<b>(4) Functional Program</b>			
(a) An ASC shall provide a description of its functional program when plans are submitted for review, along with additional requirements found in OAR 333-675-0000.			
(b) The functional program describes in detail the purpose of the project, department relationships and flow of patients, staff, visitors and supplies as applicable, size and function of each space, description of those services necessary for the complete operation of the ASC, type of anesthesia used, average recovery time, special design feature(s), occupant load, numbers of staff and patients, visits and vendors, issue of privacy/confidentiality for patients, level of medical gas system per NFPA 99, and type of central electrical system.			
<b>(5) Location.</b>			
Building entrances used to reach outpatient services shall be at grade level, clearly marked, and located so patients need not go through other activity areas. Travel patterns shall preclude unrelated traffic within the unit.			
<b>(6) Mixed Uses.</b>			
An ASC is a distinct entity and must be separate and distinguishable from any other health care facility or office-based physician practice, but the ASC may share a reception area, waiting room and public toilet rooms with the other health care facility or office-based physician practice. Medicare-certified ASCs are subject to specific requirements related to sharing spaces with another health care facility or office-based physician practice. An ASC that is Medicare-certified must be distinct from any other health care facility or office-based physician practice as required in 42 CFR 416.2 and 42 CFR 416.44(a)(2) and (b).			

ADMINISTRATIVE RULE SECTION	COMPLIED?		COMMENT
	YES	NO	
<b>(7) Conformance to Building and Fire and Life Safety Codes.</b>			
ASCs shall conform to the editions of the Oregon State Building Code as defined in ORS 455.010(8) under which they were constructed. ASCs to be certified for Medicare reimbursement shall meet standards of the National Fire Protection Association (NFPA) #101 and #99 Codes.			
<b>(8) Administrative and Public Areas. An ASC shall have:</b>			
(a) An entrance sheltered from inclement weather and accessible to the disabled. If a separate door is provided for the discharge of patients, it must be sheltered from inclement weather and shall be accessible to the disabled;			
(b) A reception counter or desk;			
(c) toilet(s) for public use conveniently accessible for the waiting area without passing through patient care or staff work areas or suites;			
(d) Telephone access for local phone calls for patients;			
(e) Conveniently accessible drinking water;			
(f) Conveniently accessible wheelchair storage;			
(g) Space(s) for private interviews relating to financing and credit discussions;			
(h) Space for business transactions, records storage and administrative and professional staff to work, including but not limited to space designated for computer, printers fax machines, and copiers if required by the functional program;			
(i) Secure and safe storage for medical records of all media type, located to maintain the confidentiality of records and either restricted to staff movement or remote from treatment and public areas. Space required shall be defined by the functional program;			
(j) Special storage for staff personal effects with locking drawers or cabinets; and			
(k) General storage for supplies and equipment as identified in the functional program.			
<b>(9) Environmental Services Room (Housekeeping Closet).</b>			
An ASC shall have an environmental services room that contains a floor receptor or service sink and storage space for housekeeping supplies and equipment, and that is at least 16 square feet.			

ADMINISTRATIVE RULE SECTION	COMPLIED?		COMMENT
	YES	NO	
<b>(10) Layout.</b>			
An ASC shall provide three areas – unrestricted, semi-restricted, and restricted – that are defined by the physical activities performed in each area.			
(a) Unrestricted area. For the purpose of this rule, unrestricted areas shall include a central control point established to monitor the entrance of patients, personnel, and materials into the restricted areas. (Street clothes are permitted in this area, and traffic is not limited.)			
(b) Semi-restricted area. For the purpose of this rule, semi-restricted areas shall include the peripheral support areas of the surgical suite, where traffic is limited to authorized personnel and patients, and where personnel are required to wear surgical attire and hair coverings. A semi-restricted area includes but is not limited to:			
(A) Storage areas for clean and sterile supplies;			
(B) Work areas for storage and processing of instruments;			
(C) Corridors leading to the restricted areas of the surgical suite; and			
(D) Scrub sink areas.			
(c) Restricted area. For the purpose of this rule, restricted areas are areas where surgical attire and hair coverings are required, and where masks are required due to the presence of open sterile supplies or scrubbed people. A restricted area includes but is not limited to:			
(A) Operating and other procedure rooms; and			
(B) The clean core (if required by the functional program).			
(d) Signs shall be provided at all entrances to restricted areas indicating surgical attire required.			
<b>(11) Special Patient Care Rooms.</b>			
In ASCs with a functional program that includes treatment of patients with known infectious disease or populations with known compromised or suppressed immune systems, the need for and number of airborne infection isolation rooms and protective environment rooms shall be determined by an Infection Control Risk Assessment (ICRA).			
(a) Airborne Infection Isolation (AII) Room. For the purpose of this rule, Airborne Infection Isolation refers to the isolation of patients infected with organisms spread by airborne droplet nuclei and shall have:			

ADMINISTRATIVE RULE SECTION	COMPLIED?		COMMENT
	YES	NO	
(A) Only one bed and a hand-washing station (placement of an additional hand-washing station outside the room entrance shall be permitted);			
(B) An area for gowning and storage of clean and soiled materials located either directly outside or inside the entry door to the patient room;			
(C) A separate room with a toilet and hand-washing station;			
(D) Perimeter walls, a ceiling, and floor, including penetrations, that are sealed tightly so that air does not infiltrate the environment from the outside or from other spaces;			
(E) Self-closing devices on all room exit doors;			
(F) Doors with edge seals;			
(G) Window treatments and privacy curtains;			
(i) Window treatments and privacy curtains shall be smooth-surfaced, easy-to-clean, wipeable, and non-pleated;			
(ii) Fabric drapes and curtains shall not be used for window treatments;			
(iii) Use of fabric privacy curtains shall be permitted if they are washable. A wipeable fabric with a smooth surface is preferable.			
(b) Anteroom. An anteroom to a patient isolation room is not required; however, if an anteroom is part of the design concept, it shall meet the following requirements;			
(A) Space for persons to don personal protective equipment before entering the patient rooms and			
(B) Doors with self-closing devices.			
(c) Protective Environment (PE) Rooms. For the purpose of this rule, Protective Environment Room refers to a patient room that is designed to protect a high risk, immunocompromised patient from human and environmental airborne pathogens.			
(A) when determined by an Infection Control Risk assessment (ICRA) and the functional program, special design considerations and ventilation shall be required to ensure the protection of patients who are highly susceptible to infection; and			
(B) The room(s) shall meet the requirements of subsection (11) (a) except for paragraph (C).			
<b>(12) Non-invasive Procedure &amp; Consultation Room.</b>			

ADMINISTRATIVE RULE SECTION	COMPLIED?		COMMENT
	YES	NO	
A non-invasive procedure and consultation room is not a “procedure room” for purposes of ORS 441.020. A non-invasive procedure and consultation room shall have:			
(a) A minimum clear floor area of 120 square feet with a minimum room dimension of 10 feet;			
(b) A room arrangement that permits a minimum clear dimension of 3 feet at each side and at the foot of the bed;			
(c) A hand-washing station;			
(d) A counter or shelf space for writing or electronic documentation; and			
(e) Visual and acoustical privacy for medical consultations and confidential communication with patients and their families/legal guardians.			
<b>(13) Sterilization Facilities:</b>			
An ASC shall have space and a system for sterilizing equipment and supplies either on-site or off-site. If located on site, sterilization facilities shall be located in a semi-restricted area and shall include a separate area for cleaning and decontamination of instruments prior to sterilization. Sterilization facilities shall include, but are not limited to, a high speed sterilizer or other sterilizing equipment for immediate or emergency use, as required by the function program.			
(a) When sterilization is provided off-site, a room for the adequate handling (receiving) and distribution) and on-site storage of sterile supplies, that meet paragraph (13)(c) (C) of this rule shall be provided.			
(b) Provisions shall be made for sanitizing clean and soiled carts or vehicles consistent with the needs of the particular transportation system.			
(c) An on-site processing facility shall include:			
(A) A decontamination room for the exclusive use of the surgical suite. If the room has a door or pass-through opening for decontaminated instruments between the decontamination room and a clean workroom, it shall have a self-closing door, but it may not have a direct connection with an operating room. A decontamination room shall include:			
(i) A flushing-rim clinical sink or equivalent flush-rim fixture unless the decontamination room is used only for temporary holding of soiled material;			
(ii) A hand-washing station; and			
(iii) A work counter unless the decontamination room is used only for temporary holding of soiled material.			

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	YES	NO	
(B) A clean assembly/workroom that is physically separated from soiled work areas that has adequate space for the designated number of work areas as defined in the functional program as well as space for storage of clean supplies, sterilizer carriages (if used), and instrumentation. Access to this area shall be restricted. A clean/assembly workroom shall contain:			
(i) A hand-washing station;			
(ii) Workspace; and			
(iii) Equipment for terminal sterilizing of medical and surgical equipment and supplies.			
(C) Storage for sterile supplies and packs, including provisions for ventilation, humidity, and temperature control.			
(i) The sterile supply storage area shall have a floor area as required per the functional program.			
(ii) As described in paragraph (13)(c)(B) of this rule, location of the sterile supply storage in an area within the clean assembly/workroom shall be permitted if it is a permanently designated area.			
<b>(14) Linen Services.</b>			
Designated space is in the post-anesthesia recovery area(s) shall be provided for clean and soiled linen.			
(a) On-site Processing Area. If the functional program required linen to be processed on site, the area shall:			
(A) Be large enough to accommodate a washer, a dryer, and any plumbing equipment needed to meet the temperature requirements of 160 degrees;			
(B) Be divided into distinct soiled (sort and wash) and clean (dry and fold) areas;			
(C) Have storage for laundry supplies and clean linen; and			
(D) Have a hand-washing station within 10 feet without passing through a door.			
(b) Off-site Laundry Service Areas. If the functional program required linen to be processed off site, the area within the ASC shall have a:			
(A) Soiled linen holding area or designated and dedicated area for a soiled laundry cart; and			
(B) Clean linen storage area that protects linen from soil or damage.			
<b>(15) Operating Rooms.</b>			
The size and location of the operating rooms shall depend on the level of care and equipment specified in the functional program.			

ADMINISTRATIVE RULE SECTION	COMPLIED?		COMMENT
	YES	NO	
(a) Class A Operating Room. For the purpose of this rule, a Class A operating room is for surgery and other procedures that require minimal sedation including but not limited to minor surgical procedures performed under topical and local infiltration blocks with or without oral or intramuscular preoperative sedation. A surgical procedure performed in a Class A operating room could also be performed in a Class B or C operation room.			
(A) Space requirements. Class A operating rooms shall have a minimum clear floor area of 150 square feet within a minimum clear dimension of 12 feet.			
(B) Clearances. There shall be a minimum clear distance of 3 feet 6 inches at each side, the head, and the foot of the operating table.			
(C) Location. Class A operating rooms may be accessed from the semi-restricted corridors of the surgical suite or from an unrestricted corridor adjacent to the surgical suite.			
(b) Class B Operating Room. For the purposes of this rule, a Class B operating room is for surgery and other procedures that require conscious sedation. A procedure performed in a Class B operating room could also be performed in a Class C operating room.			
(A) Space requirements. Class B operating rooms shall have a minimum clear floor area of 250 square feet with a minimum clear dimension of 15 feet.			
(B) Clearances. Room arrangement shall permit a minimum clear dimension of 3 feet 6 inches at each side, the head, and the foot of the operating table.			
(C) Location. Class B operating rooms shall be accessed from the semi-restricted corridors of the surgical suite.			
(c) Class C Operating Room. For the purpose of this rule, a Class C operating room is for surgery and procedures that require general anesthesia or deep sedation.			
(A) Space requirements. Class C operating rooms shall have a minimum clear floor area of 400 square feet and a minimum clear dimension of 18 feet.			
(B) Clearances. Room arrangement shall permit a minimum clear dimension of 4 feet at each side, the head, and the foot of the operating table.			
(C) Location. Class C operating rooms shall be accessed from the semi-restricted corridors of the surgical suite.			
(d) Each operating room shall have access to at least one medical image viewer located as required by the functional program.			

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	YES	NO	
(e) All operating rooms shall be equipped with an emergency communication system designed and installed to effectively summon additional qualified staff support with no more than push activation of an emergency call switch.			
(f) An operating room is considered a procedure room for the purposes of determining the appropriate fee under ORS 441.020.			
<b>(16) Pre-operative Support Areas.</b>			
(a) Location. Pre-operative holding areas shall be under direct visual control of the nursing staff. Pre-operative holding can be shared with post-operative if the functional program defines patient management.			
(A) For a Class A operating room, the minimum number of patient stations within the pre-operative holding areas is as follows:			
(i) At least one patient station, if the operating room is accessed from the semi-restricted area.			
(ii) None if the operating room is accessed from an unrestricted area and the functional program allows for pre-operative care to be carried out in the operating room.			
(B) For a Class B operating room, at least one patient station within the pre-operative holding areas is required. A patient station may consist of a bed, chair or stretcher.			
(C) For Class C operating room, at least one patient station per Class C operating room is required.			
(D) In an ASC with Class B and Class C operating rooms, area shall be provided to accommodate stretcher and chair space.			
(b) Area. Each pre-operative holding area shall provide a minimum clear floor area of 80 square feet for each patient station.			
(c) Clearances. Each pre-operative holding area shall have a minimum clear dimension of 5 feet between patient and 4 feet between patient and adjacent walls (at the stretchers or chair's side and foot).			
(d) Patient privacy. Provisions such as cubicle curtains shall be made for patient privacy.			
(e) Hand-washing station. Hands-free or wrist blade-operable controls shall be available, with at least one station for every six positions or fewer and for each major fraction thereof. Hand-washing stations shall be uniformly distributed to provide convenient access from each patient position. Travel distance to a hand-washing station shall not exceed 20 feet, and shall be located without passing through a door. Travel distances shall be calculated from the foot of the patient station to the hand-washing station.			

ADMINISTRATIVE RULE SECTION	COMPLIED?		COMMENT
	YES	NO	
(f) Documentation space. A counter, table, area for a desk, or storage for a movable table shall be provided.			
(g) Change Area. A separate area(s) shall be provided for outpatients to change from street clothing to hospital gowns and prepare for surgery. If the ASC has four or fewer operating rooms, the change area can also be a holding area(s). The change area shall include the following:			
(A) Lockers, or acceptable provisions made for securing patients' personal effects; and			
(B) Toilet(s). The patient toilet room(s) shall be separate from public use toilet(s) and located to permit access from pre- and post-operative holding areas.			
<b>(17) Recovery Areas.</b>			
(a) When determining the number of recovery positions required, an ASC shall take into consideration the types of surgery and procedures performed in the ASC, the types of anesthesia used, average recovery periods, and anticipated staffing levels.			
(b) Recovery areas shall be accessible directly from the semi-restricted area. If pre-operative holding areas, Phase 2 areas and recovery areas are required per the functional program, these spaces may be shared if the number of patient positions meet the most restrictive requirements of both pre and post operative areas.			
(c) Nurse Control Station. The nurse control station shall have direct sightline to patients in acute recovery stations.			
(d) If pediatric surgery is practiced, the functional program and physical environment design shall address the following:			
(A) Locations of pediatric recovery stations;			
(B) Space for parents;			
(C) Sound attenuation; and			
(D) Proximity of patient stations to a nursing station.			
(e) Post-anesthesia recovery positions. Rooms(s) for post-anesthesia recovery in an ASC shall be provided in accordance with the functional program;			
(A) Number. A minimum of one recovery station per operating room shall be provided. A recovery area analysis shall determine the need for additional recovery stations. In the absence of a recovery area analysis approved by the Division, the minimum number of post-anesthesia recovery positions shall be as follows:			
(i) Three recovery positions for each Class C operating room;			

ADMINISTRATIVE RULE SECTION	COMPLIED?		COMMENT
	YES	NO	
(ii) Two recovery positions for each Class B operation room;			
(iii) One recovery position for each Class A operating room.			
(f) Area. When a patient cubicle is used for each patient care station, a minimum clear floor area of 80 square feet shall be provided. Space shall also be provided for additional equipment described in the functional program.			
(g) Clearances. Each post-anesthesia recovery area shall provide a minimum clear dimension of 5 feet between patient stretchers or beds, 4 feet between patient stretchers or beds and adjacent walls (at the stretcher's sides and foot), and at least 3 feet from the foot of the stretcher or bed to the closed cubicle curtain.			
(h) Patient privacy. Provisions for patient privacy such as cubicle curtains shall be made.			
(i) Hand-washing station. Hands-free or wrist blade-operable controls shall be available, with at least one station for every six positions or fewer and for each major fraction thereof. Hand-washing stations shall be uniformly distributed to provide convenient access from each patient position. Travel distance to a hand-washing station shall not exceed 20 feet, and shall be located without passing through a door. Travel distances shall be calculated from the foot of the patient station to the hand-washing station.			
(j) Patient toilet rooms(s). In an ASC with three or more operating rooms, a dedicated patient toilet room shall be provided in the recovery area.			
(k) Support areas for post-anesthesia recovery rooms. If the post-anesthesia recovery room(s) is located immediately adjacent to the surgical suite, sharing of these support areas shall be permitted;			
(A) Supply storage. Storage space shall be determined by the functional program, however, at least 15 cubic feet needs to be provided.			
(B) Receptacles for soiled linen and waste holding shall be provided and meet the requirements of NFPA 101, 20.7.5.5.			
(C) Documentation space. A counter, table, area for a desk, or storage for a movable table shall be provided.			
(D) Drug distribution station. Each recovery area shall have a drug distribution station that includes:			
(i) An area for the storage and preparation of medications administered to patients;			
(ii) A refrigerator for pharmaceuticals and double-locked storage for controlled substances, if required by the functional program; and			

ADMINISTRATIVE RULE SECTION	COMPLIED?		COMMENT
	YES	NO	
(iii) Convenient access to a hand-washing station without passing through a door.			
(E) Nourishment facilities within a recovery area shall have:			
(i) A sink, work counter, refrigerator, storage cabinets, and equipment for serving nourishment as required by the functional program; and			
(ii) A hand-washing station that is located in the nourishment area or adjacent to the nourishment area.			
<b>(18) Phase 2 Recovery</b>			
(a) A Phase 2 recovery area shall be provided if required by the functional program.			
(b) Location of the Phase 2 recovery area within the post-anesthesia recovery area shall be permitted, but the Phase 2 area shall be an identifiably separate and distinct part of the post-anesthesia recovery area. Phase 2 recovery stations can be shared with recovery stations if the functional program defines patient management.			
(c) Area. When a patient cubicle is used for each patient care station, the design shall provide a minimum of 50 square feet for each patient in a lounge chair with space for additional equipment described in the functional program.			
(d) Clearances.			
(A) The design shall provide a minimum clear dimension of 4 feet between the sides of adjacent lounge chairs and between the foot of the lounge chairs and the nearest obstruction.			
(B) When permanent partitions (Full or partial height or width) are used to partially define the patient care station (rather than cubicle curtains), a minimum clear dimension of 3 feet shall be provided on the side of the lounge chair.			
(e) Patient privacy. Provisions for patient visual privacy such as cubicle curtains shall be made.			
(f) Hand-washing station. Hands-free or wrist blade-operable controls shall be available, with at least one station for every six positions or fewer and for each major fraction thereof. Hand-washing stations shall be uniformly distributed to provide convenient access from each patient position. Travel distance to a hand-washing station shall not exceed 20 feet, and shall be located without passing through a door. Travel distances shall be calculated from the foot of the patient station to the hand-washing station;			

ADMINISTRATIVE RULE SECTION	COMPLIED?		COMMENT
	YES	NO	
(g) Patient toilet room(s). In an ASC with two or fewer operating rooms, a patient toilet room shall be provided in or adjacent to the Phase 2 recovery area. In an ASC with three or more operating rooms, a patient toilet room shall be provided in the Phase 2 recovery area.			
(h) Support areas for Phase 2 recovery (if provided) shall provide the following:			
(A) Clear sightlines and easy access from the post-anesthesia recovery area to the nurse control station.			
(B) Storage space for supplies and equipment;			
(C) Documentation space. A counter, table, area for a desk, or storage for a movable table; and			
(D) Space for family members.			
<b>(19) Support for the Surgical Service Areas:</b>			
The following shall be provided in the surgical service areas:			
(a) Visual surveillance by nursing staff of all traffic entering the semi-restricted corridor (the passage used to access operating rooms and ancillary semi-restricted areas) per the functional program;			
(b) Medication storage. Drug storage shall be provided. A refrigerator for pharmaceuticals and double-locked storage for controlled substances shall be provided if required by the functional program;			
(c) Scrub facilities. With the exception of ASCs providing exclusively gastrointestinal endoscopy services, an ASC shall have a scrub station(s) trimmed with foot, knee, or electronic controls. Single-lever wrist blades shall not be permitted. Scrub station(s) shall be provided at the entrance to each operating room. A scrub station may serve two operating rooms if it is located on the same wall, and between the two entrances. Scrub stations shall be arranged to minimize splatter on nearby personnel or supply carts. A dedicated hand-wash station with hands-free controls shall be provided in each room used for gastrointestinal endoscopy services.			
(d) Equipment and supply storage. Equipment storage room(s) shall be provided for equipment and supplies used in the surgical service areas. The combined area of equipment and clean clinical supply storage room(s) shall have a minimum floor area of 50 square feet for each operating room(s) up to two and an additional 25 square feet per additional operating room. Equipment storage room(s) shall be located within the semi-restricted area;			

ADMINISTRATIVE RULE SECTION	COMPLIED?		COMMENT
	YES	NO	
(e) Anesthesia supply storage. An area shall be provided for storing anesthesia equipment and supplies, as defined by the functional program. This space shall be located within the semi-restricted area.			
(f) Medical gas storage. An area shall be provided for the storage of medical gas(es) used in the ASC, including adequate space for reserve cylinders. Such space shall meet National Fire Protection Association 99 standards;			
(g) Stretcher storage area. In an ASC that provides Class B and C operating rooms, a stretcher storage area for at least one stretcher shall be provided. This storage area shall be convenient for use and located outside the required width of the exit access corridor;			
(h) Staff lounge and toilet facilities. Staff lounge toilet facilities shall be provided in an ASC with three or more operating rooms. The toilet room shall be near the recovery area;			
(i) Staff lockers. Appropriate change areas(s) shall be provided for male and female staff working within the surgical suite (a unisex locker area with one or more private changing rooms shall be permitted). For an ASC that provides services in Class B and C operating rooms, this area(s) shall be designed to effect a one-way traffic pattern so that personnel entering from outside the surgical suite can change and move directly into the suite's semi-restricted corridor. At least one staff shower shall be provided that is conveniently accessible to the surgical suite and recovery areas;			
(j) Environmental services room (house- keeping closet). An environmental services room shall be provided exclusively for the surgical suite. This room shall contain a floor receptor or service sink and storage space for housekeeping supplies and equipment and shall be at least 16 square feet;			
(k) Emergency equipment/supply storage. Provisions shall be made for access to and use of emergency resuscitation equipment and supplies (crash cart(s) and anesthesia carts) within 60 feet and at least one per floor of patient care areas;			
(l) Fluid waste disposal. Fluid waste disposal facilities shall be provided and shall be located so that they are convenient to the operating rooms and recovery areas. A clinical sink or equivalent equipment in a soiled workroom shall meet this requirement in the operating room area, and a toilet equipped with a bedpan-cleaning device or a separate clinical sink shall meet the requirement in the recovery area.			
<b>(20) Details and Finishes:</b>			

ADMINISTRATIVE RULE SECTION	COMPLIED?		COMMENT
	YES	NO	
(a) Corridor width. Public corridors shall have a minimum width of 5 feet, except that corridors connecting the operating room section and the post anesthesia care unit and at least one ambulance transfer exit, where patients are transported on stretchers or beds, shall have a minimum width of 6 feet. The semi-restricted corridor shall have a minimum width of 8 feet in areas used to transport patients on gurneys between pre-operative, procedure, and post-anesthesia recovery areas. Passages and corridors used exclusively for staff access shall be a minimum of 3 feet 8 inches in clear width. Items such as provisions for drinking water, telephone booths, vending machines, etc., shall not restrict corridor traffic or reduce the corridor width below the required minimum. In- corridor widths. Width shall also meet OFC 1018.2.			
(b) Doors and door hardware. The minimum door width for patient use shall be 3 feet. Door openings requiring gurney/stretcher access shall have a minimum clear width of 3 feet 8 inches;			
(c) Hand-washing stations. Hand sanitation dispensers shall be provided in addition to hand-washing stations. The number and location of both hand-washing stations and hand sanitation dispensers shall be determined by ICRA;			
(A) Hand-washing stations used by medical and nursing staff, patients, and food handlers shall be trimmed with valves that can be operated without hands. Single-lever or wrist blade devices shall be permitted. Sensor-regulated water fixtures shall meet user need for temperature and length of time the water flows. Electronic faucets shall be capable of functioning during loss of normal power. Knee control, foot pedal, electronic or other devices that allow operation without use of the hands are acceptable.			
(B) Sinks in hand-washing stations shall be designed with deep basins to prevent splashing to areas where direct patient care is provided, particularly those surfaces where sterile procedures are performed and medications are prepared.			
(C) The area of the basin shall not be less than 144 square inches with a minimum 9 inch width or length.			
(d) Clinical sinks.			
(A) Handles on clinical sinks shall be at least 6 inches long.			
(B) Clinical sinks shall have an integral trap wherein the upper portion of the water trap provides a visible seal.			
(e) Provisions for hand drying shall be required at all hand-washing stations except scrub sinks.			

ADMINISTRATIVE RULE SECTION	COMPLIED?		COMMENT
	YES	NO	
(A) Hand-washing stations shall include a hand-drying device that does not require hands to contact the dispenser.			
(B) If provided, hand towels shall be directly accessible to sinks.			
(f) Cleansing agents. Hand-washing stations shall include liquid or foam soap dispensers.			
(g) Toilet rooms for patient use in surgery and recovery areas shall be equipped with doors and hardware that permit access from the outside in emergencies. When such rooms have only one opening, the doors shall open outward or be otherwise designed to open without pressing against a patient who may have collapsed within the room.			
(h) Radiation protection requirements for X-ray and gamma ray installations shall conform with National Council on Radiation Protection and Measurements (NCRP) reports 102, 147, and 151 and all applicable state requirements. Testing is to be coordinated with the Division's Radiation Protection Services program to prevent duplication of test observations or construction inspections.			
(i) The minimum ceiling height of an ASC shall be 7 feet 10 inches, with the following exceptions:			
(A) Ceiling height in corridors, storage rooms, toilet rooms, and other minor rooms shall not be less than 7 feet 8 inches;			
(B) Radiographic and other rooms containing ceiling-mounted equipment shall have ceilings of sufficient height to accommodate the equipment and fixtures; and			
(C) Boiler rooms shall have ceiling clearances not less than 2 feet 6 inches above the main boiler header and connecting pipe.			
(j) Ceilings. Ceiling finishes shall be appropriate for the areas in which they are located and shall be as follows:			
(A) Semi-restricted areas.			
(i) Ceiling finishes in semi-restricted areas such as clean corridors, central sterile supply spaces, specialized radiographic rooms, and Class A operating rooms shall be smooth, scrubbable, nonabsorptive, nonperforated, capable of withstanding cleaning with chemicals, and without crevices that can harbor mold and bacteria growth.			
(ii) Perforated, tegular, serrated, or highly textured tiles shall not be used.			
(B) Restricted areas.			

ADMINISTRATIVE RULE SECTION	COMPLIED?		COMMENT
	YES	NO	
(i) Ceilings in restricted areas such as operating rooms shall be monolithic, scrubbable, and capable of withstanding chemicals. Cracks or perforations in these ceilings are not allowed.			
(ii) All access openings in ceilings in restricted areas shall be gasketed.			
(C) Mechanical and electrical rooms. Suspended ceilings may be omitted in mechanical and electrical rooms/spaces unless required for fire safety purposes.			
(k) Floor finishes shall be appropriate for the areas in which they are located and shall:			
(A) Be easy to maintain, readily cleanable and appropriately wear-resistant;			
(B) In all areas such as clean corridors, central sterile supply spaces, specialized radiographic rooms, and Class A operating rooms, be washable, smooth and able to withstand chemical cleaning;			
(C) In areas such as operating rooms, environmental services rooms, and soiled holding or utility rooms, be scrubbable, able to withstand chemical cleaning, and monolithic, with an integral base of at least 6 inches;			
(D) In clinical areas, be constructed of materials that allow the easy movement of all required wheeled equipment;			
(E) Provide smooth transitions between different flooring materials;			
(F) Allow for ease of ambulation and self-propulsion. Carpet and carpet with padding in patient areas shall be glued down or stretched taut and free of loose edges or wrinkles that might create hazards or interfere with the operation of lifts, wheelchairs, walkers, wheeled carts, or patients utilizing orthotic devices;			
(G) In all areas subject to wet cleaning methods, not be physically affected by germicidal or other types of cleaning solutions;			
(H) Be slip-resistant for flooring surfaces in wet areas (e.g., kitchens, showers and baths), ramps, entries from exterior to interior space, and areas that include water for patient services; and			
(I) Joints for flooring openings for pipes, ducts, and conduits shall be tightly sealed to minimize entry of pests. Joints of structural elements shall be similarly sealed.			
(l) Wall finishes shall be cleanable and washable. In the vicinity of plumbing fixtures, wall finishes shall be smooth and moisture resistant.			

ADMINISTRATIVE RULE SECTION	COMPLIED?		COMMENT
	YES	NO	
(A) Wall finishes in areas such as clean corridors, central sterile supply spaces, specialized radiographic room, and minor surgical procedure rooms shall be washable, smooth, and able to withstand chemical cleaning.			
(B) Wall finishes in areas such as operating rooms, delivery rooms, and trauma rooms shall be scrubbable, able to withstand chemical cleaning, and monolithic.			
(C) Wall finish treatments shall not create ledges or crevices that can harbor dust and dirt.			
(D) Wall surfaces in wet areas (e.g., environmental services rooms) shall be monolithic and all seams shall be covered or sealed.			
(E) Wall bases in areas routinely subjected to wet cleaning shall be monolithic and coved with the floor, tightly sealed to the wall, and constructed without voids.			
(F) Wall areas penetrated by pipes, ducts, and conduits shall be tightly sealed to minimize the entry of rodents and insects. Joints of structural elements shall be similarly sealed.			
(G) Sharp, protruding corners shall be avoided.			
(H) Wall protection devices and corner guards shall be durable and scrubbable.			
<b>(21) Elevators.</b>			
Electric or hydraulic elevators are required if the ASC has patient spaces located on other than the grade-level entrance floor. The elevator shall be sized to accept a gurney or stretcher plus an attendant.			
(a) Dimensions. Cars shall have a minimum inside floor dimension of not less than 5 feet.			
(b) Leveling device. Elevators shall be equipped with a two-way automatic level-maintaining device with an accuracy of $\pm$ one-half inch.			
(c) Elevator controls:			
(A) Elevator call buttons and controls shall not be activated by heat or smoke. Light beams, if used for operating door reopening devices without touch shall be used in combination with door-edge safety devices and shall be interconnected with a system of smoke detectors so the light control feature will be overridden or disengaged should it encounter smoke at any landing.			
(B) Elevator controls, alarm buttons, and telephones shall be accessible to wheelchair occupants and usable by the blind.			
(d) Emergency power must comply with NFPA 99 requirements.			

ADMINISTRATIVE RULE SECTION	COMPLIED?		COMMENT
	YES	NO	
<b>(22) Mechanical system design.</b>			
(a) In new construction, the mechanical system shall be designed and constructed for overall efficiency in accord with the <b>Oregon Mechanical Specialty Code</b> and the <b>Oregon Energy Efficiency Specialty Code</b> , as enforced by the Oregon Building Codes Division or local jurisdictions having authority.			
(b) Efficiency. The mechanical system shall be designed for overall efficiency and appropriate life-cycle cost.			
(c) Use of recognized energy-saving mechanisms such as variable-air-volume (VAV) systems, load shedding, programmed controls for unoccupied periods (nights and weekends, etc.), and use of natural ventilation may be considered.			
(d) Air-handling systems shall be designed with an economizer cycle where appropriate to use outside air.			
(e) VAV systems. The energy-saving potential of VAV systems is recognized, and the standards herein are intended to maximize appropriate use of such systems. Any system used for occupied areas shall include provisions to avoid air stagnation in interior spaces where thermostat demands are met by temperatures of surrounding areas. Reference Table 1 contains minimum ventilation and airflow requirements.			
(f) Recirculating rooms units (such as induction unit and unit ventilators) may be used in individual rooms for heating and cooling purposes except as noted in Table 1. Outdoor air requirements shall be met by separate air handling systems with proper filtration. Reference Table 2 contains the filtration requirements.			
(g) Vibration isolators. Mechanical equipment, ductwork, and piping shall be mounted on vibration isolators.			
(h) System valves. Supply and return mains and risers for cooling, heating, and steam systems shall be equipped with valves to isolate the various sections of each system. Each piece of equipment shall have valves at the supply and return ends.			
(i) Testing and documentation.			
(A) Prior to licensure of an ASC, all systems shall be tested and operated to demonstrate to the owner or its designated representative that the installation and performance of these systems conform to design intent. Test results shall be documented for maintenance files.			

ADMINISTRATIVE RULE SECTION	COMPLIED?		COMMENT
	YES	NO	
(B) Upon completion of the installation, the owner of an ASC shall ensure that a complete set of manufacturer's operating, maintenance, and preventive maintenance instructions; a parts list; and complete procurement information, including equipment numbers and descriptions, has been obtained.			
(C) An ASC shall ensure that staff who operate the systems shall be provided with instructions for proper operation of systems and equipment. Required information shall include all safety or code ratings as needed.			
<b>(23) Ventilation and space-condition requirements.</b>			
All rooms and areas used for patient care shall have ventilation per Table 1. Although natural ventilation shall be permitted, mechanical ventilation shall be provided in all patient care rooms and areas in an ASC.			
<b>(24) HVAC Requirements for Specific Locations.</b>			
(a) Airborne infection isolation (AII) rooms. These special ventilation areas have an inward air movement relationship to adjacent areas where a patient with airborne infectious diseases may be a risk to the surrounding area. If AII rooms are required per the functional program, the HVAC design must meet the requirements of OAR 333-535-0300.			
(b) Protective environment (PE) rooms. These special ventilation areas have an outward air movement relationship to adjacent areas where the patient may be at risk from the surrounding areas. If PE rooms are provided per the functional program, the PE rooms must meet the requirements of OAR 333-535-0300.			
(c) Operating rooms.			
(A) Air distribution.			
(i) Operating room air supply shall be from ceiling outlets near the center of the work area for effective air movement control. Laminar flow design diffusers shall be used in Class B and C operating rooms as required by the functional program.			
(ii) Each operating room shall have a minimum of two air inlets located as remotely from each other as possible. The return air inlets shall be located near the floor level in Class B and C operating rooms.			
(B) Ventilation rates.			
(i) The ventilation systems for Class B and C operating rooms shall operate at all times, except during maintenance and conditions requiring shutdown by the building's fire alarm system.			

ADMINISTRATIVE RULE SECTION	COMPLIED?		COMMENT
	YES	NO	
(ii) During unoccupied hours, operating room air change rates may be reduced, provided that the positive room pressure is maintained as required and the required air changes are automatically re-established any time the space is being utilized.			
(iii) Ventilation systems serving Class A Operating Rooms and Class B operating Rooms used for Endoscopy may be shut off during unoccupied periods if these areas will not have an inward air pressure relationship to adjacent areas.			
(C) Humidity and smoke venting requirements in anesthetizing locations shall be designed per NFPA 99.			
(d) Anesthesia storage rooms. The ventilation systems for inhalation anesthesia storage rooms shall conform to the requirements for medical gas storage as described in NFPA 99.			
(e) ETO sterilizer space. The space that houses ethylene oxide (ETO) sterilizers shall be designed per OAR 333-535-0300.			
<b>(25) Thermal Insulation and Acoustical Provisions.</b>			
Insulation shall be provided within the building to conserve energy, protect personnel, prevent vapor condensation, and reduce noise.			
(a) Renovation.			
(A) Existing accessible insulation within areas of ASCs to be modernized shall be inspected, then repaired, or replaced, as determined by inspection.			
(B) If existing lined ductwork is reworked in a renovation project, the liner seams and punctures shall be resealed.			
(b) Duct linings exposed to air movement shall not be used in ducts serving operating rooms, recovery rooms, central sterile processing, and protective environment rooms. This requirement shall not apply to terminal units and sound attenuators that have coverings over such lining meeting ASTM C1071.			
<b>(26) HVAC Air Distribution</b>			
(a) Return air systems. For all areas in Table 1, return air shall be via ducted systems. The bottoms of ventilation openings shall be at least 6 inches above the floor.			
(b) Humidifiers, if provided, shall meet the requirements of OAR 333-535-0300.			
(c) Construction requirements. Ducts that penetrate construction intended to protect against X-ray, magnetic, RFI, or other radiation shall not impair the effectiveness of the protection.			

ADMINISTRATIVE RULE SECTION	COMPLIED?		COMMENT
	YES	NO	
(d) Exhaust systems.			
(A) To enhance the efficiency of recovery devices required for energy conservation, combined exhaust systems shall be permitted unless otherwise noted.			
(B) Local exhaust systems shall be used whenever possible in place of dilution ventilation to reduce exposure to hazardous gases, vapors, fumes, or mists.			
(C) Fans serving exhaust systems shall be located at the discharge end and shall be readily serviceable.			
(D) Airborne infection isolation rooms and other rooms containing contaminated exhaust such as bronchoscopy, decontamination, and sterilizer equipment rooms shall not be served by exhaust systems incorporating air to air heat recovery such as heat wheels. Heat recovery systems are acceptable if there is complete isolation of air streams, such as run-around loops.			
(e) Fresh air intakes shall be located at least 25 feet from exhaust outlets of ventilating systems, combustion equipment stacks, medical-surgical vacuum systems, plumbing vents, or areas that may collect vehicular exhaust or other noxious fumes. Plumbing vents that terminate above the level of the top of the air intake may be located as close as 10 feet.			
(f) New and remodeled ventilation system installations shall be designed and balanced at project completion to provide direction flow as shown in Table 1. A long shall be prepared showing actual ventilation rates at each supply, return and exhaust grill, and be made available to Division on request.			
(g) Ventilation Hoods. If lab exhaust hoods, safety cabinets or fume hoods are required per the functional program, these systems shall meet the requirements of OAR 333-535-0300.			
<b>(27) HVAC Filters.</b>			
(a) Filter requirements. Air handling system filtration shall meet the requirements of Table 2.			
(b) Filter frames. Filter frames shall be durable and proportioned to provide an airtight fit with the enclosing ductwork. All joints between filter segments and enclosing ductwork shall have gaskets or seals to provide a positive seal against air leakage.			
<b>(28) Plumbing Systems</b>			
(a) Standards. Unless otherwise specified herein, all plumbing systems shall be designed and installed in accordance with the Oregon Plumbing Specialty Code.			
(b) Testing and documentation.			

ADMINISTRATIVE RULE SECTION	COMPLIED?		COMMENT
	YES	NO	
(A) All plumbing systems shall be tested to demonstrate that equipment installation and operation is appropriate and functional. Test results shall be documented for maintenance files.			
(B) Upon completion of the installation, the owner shall be furnished with a complete set of manufacturer's operating, maintenance, and preventative maintenance instruction; a parts list; and complete procurement information, including equipment numbers and descriptions.			
(C) Operating staff persons shall be provided with instructions for proper operation of systems and equipment. Required information shall include all safety or code ratings as needed.			
<b>(29) Plumbing and other Piping Systems.</b>			
(a) General piping and valves.			
(A) All piping, except control-line tubing, fire sprinkler, sanitary waste, vent, and condensate drain shall be identified.			
(B) All valves shall be tagged, and a valve schedule shall be developed for permanent record and reference.			
(b) Potable water supply systems. The following standards shall apply to potable water supply systems:			
(A) Valves. Each water service main, branch main, riser, and branch to a group of fixtures shall have valves.			
(i) Stop valves shall be provided for each fixture.			
(ii) Appropriate panels for access shall be provided at all valves where required.			
(B) Dead-end piping (risers with no flow, branches with no fixture) shall not be installed. In renovation projects, dead-end piping shall be removed. Empty risers, mains, and branches installed for future use shall be permitted and shall be valved at the connection to the main.			
(c) Hot water systems. The following standards shall apply to hot water systems. These requirements do not apply to ASCs that do not perform invasive operations or procedures.			
(A) Hot water distribution systems serving patient care areas shall be under constant recirculation to provide continuous hot water at each hot water outlet. Non-recirculated fixture branch piping shall not exceed 25 ft. in length.			
(B) Provisions shall be included in the domestic hot water system to limit <i>Legionella</i> bacteria and opportunistic waterborne pathogens.			

ADMINISTRATIVE RULE SECTION	COMPLIED?		COMMENT
	YES	NO	
(C) Domestic hot water system in an ASC with Class C operating rooms shall provide backup equipment for hot water and sterilizer needs.			
(d) Plumbing Fixtures.			
(A) Hand-washing stations used by medical and nursing staff, patients, and food handlers shall be trimmed with valves that can be operated without hands. Single-lever or wrist blade devices shall be permitted. Sensor-regulated water fixtures shall meet user need for temperature and length of time the water flows. Electronic faucets shall be capable of functioning during loss of normal power when the ASC is required to have an emergency generator.			
(B) Clinical sinks shall have an integral trap wherein the upper portion of the water trap provides a visible seal. Handles on clinical sink faucet shall be at least 6 inches long.			
<b>(30) Hemodialysis Piping.</b>			
Where the functional program includes hemodialysis, the requirements of OAR 333-700-0130 shall be met.			
<b>(31) Drainage Systems.</b>			
(a) Piping.			
(A) Drain lines from sinks used for acid waste disposal shall be made of acid-resistant material. Drain lines from automatic blood- Cell counters using sodium azide shall be made of copper and lead free materials.			
(B) Drainage piping shall not be installed within the ceiling or exposed in Class B and C operating rooms. Where exposed overhead drain piping in these areas is unavoidable, special provisions such as FM 1680 fittings or drain pans shall be made to protect the space below from leakage, condensation, or dust particles.			
(b) Floor drains.			
(A) Floor drains shall not be installed in operating rooms, except as permitted in dedicated cystoscopy rooms.			
(B) If a floor drain is installed in a dedicated cystoscopy room, it shall contain a non-splash, horizontal-flow flushing bowl beneath the drain plate.			
(c) Plaster traps. Where plaster traps are used, provisions shall be made for appropriate access and cleaning.			
<b>(32) Medical Gas and Vacuum Systems.</b>			

ADMINISTRATIVE RULE SECTION	COMPLIED?		COMMENT
	YES	NO	
Station outlets shall be provided per Table 3. The use of portable medical gas systems shall be considered for ASCs with Class A operating rooms per the functional program.			
(a) Medical gas and vacuum systems. When provided, piped in medical gas and vacuum systems shall be installed, tested, and verified prior to use in accordance with NFPA 99, Gas and Vacuum System Chapter and Other Health Care Facility Chapter. When additions or modifications are made to a system, the new and existing components in the immediate zone or area located upstream (for vacuum systems) and downstream (for medical gas systems) of the altered section shall be tested and verified.			
(b) Anesthesia scavenging system. Each space routinely used for administering inhalation anesthesia shall be served by a scavenging system to vent waste gases. Gases from the scavenging system shall be exhausted directly to the outside. If the medical vacuum system is used, the gas collecting system shall be arranged so that it does not interfere with the patient's respiratory system. The anesthesia evacuation system may be a dedicated air exhaust system, provided the part used for anesthesia gas scavenging exhausts directly to the outside and is not part of the recirculation system.			
<b>(33) Communications System</b>			
(a) Locations for terminating telecommunications and information system devices shall be provided.			
(b) A space shall be provided for central equipment locations. Special air conditioning and voltage regulation shall be provided when recommended by the manufacturer.			
<b>(34) Electronic Safety and Security Systems and Fire Alarm System.</b>			
Any fire alarm system shall be as required by NFPA 101 and installed per NFPA 72.			
<b>(35) Electrical Systems.</b>			
(a) Applicable standards.			
(A) All electrical material, systems and equipment, including conductors, controls, and signals devices, shall be installed in compliance with applicable sections of OESC and NFPA 99. In addition, an ASC must meet the specific ambulatory health care requirements found at NFPA 99 (Other Health Care Facilities Chapter).			
(B) All electrical material and equipment shall be listed as complying with available standards of listing agencies or other similar established standards where such standards are required.			

ADMINISTRATIVE RULE SECTION	COMPLIED?		COMMENT
	YES	NO	
(b) Testing and documentation.			
(A) Electrical installations, including alarm and communication systems, shall be tested to demonstrate that equipment installation and operation is appropriate and functional. Test results shall be documented for maintenance files.			
(B) Upon completion of the installation, a complete set of manufacturer's operation, maintenance, and preventative maintenance instruction; a parts list; and complete procurement information, including equipment numbers and descriptions shall be available on site.			
(C) Operating staff persons shall be provided with instructions for proper operation of systems and equipment. Required information shall include all safety or code rating as needed.			
(D) Essential electrical system, grounding system, and receptacles shall be tested per NFPA 99.			
<b>(36) Electric Distribution and Transmission.</b>			
(a) Switchboards.			
(A) Main switchboards shall be located in an area separate from plumbing and mechanical equipment and shall be accessible to authorized persons only.			
(B) Switchboards shall be convenient for use and readily accessible for maintenance.			
(C) Switchboards shall be located in dry, ventilated spaces free from corrosive or explosive fumes or gases or any flammable material.			
(b) Panelboards.			
(A) Panelboards serving normal lighting and appliance circuits shall be located on the same floor as the circuits they serve.			
(B) Panelboard serving critical branch emergency circuits shall be located on each floor.			
(C) Panelboards serving life safety emergency circuits may also serve one floor above and/or below.			
(c) Ground-fault circuit interrupters.			
(A) Ground-fault circuit interrupters (GFCIs) shall comply with OESC.			
(B) When GFCIs are used in critical care areas, provisions shall be made to ensure that other essential equipment is not affected by activation of one interrupter.			
<b>(37) Power Generating and Storing Equipment.</b>			

ADMINISTRATIVE RULE SECTION	COMPLIED?		COMMENT
	YES	NO	
(a) Emergency electrical service. Emergency lighting and power shall be provided in accordance with NFPA 99, NFPA 101, and NFPA 110.			
(b) Emergency generator systems are required in an ASC that administers inhalation anesthetics and where a patient requires electrical life support equipment as part of the surgical protocol. An ASC that is required to have an emergency generator system must also meet the specific ambulatory health care requirements found at NFPA 99 (Other Health Care Facilities Chapter).			
<b>(38) Lighting.</b>			
(a) Lighting shall conform to the recommended lighting standards for public buildings contained in the OSSC (Means of Egress Illumination), Illuminating Engineering Society (IES) RP-29 Hospitals and Health Care Facilities. Approaches to buildings and parking lots, and all occupiable spaces within the building shall have illuminated fixtures as necessary.			
(b) Procedure rooms. A portable or fixed examination light shall be provided for procedure rooms.			
(c) Operating rooms. Operating rooms shall have general lighting in addition to special lighting units provided at surgical tables. General lighting and special lighting shall be on separate circuits.			
<b>(39) Receptacles (Convenience Outlets).</b>			
(a) Duplex grounded-type receptacles (convenience outlets) shall be installed in all areas in sufficient quantities for tasks to be performed as needed. Duplex receptacles shall be provided per Table 4.			
(b) Emergency system receptacles. Electrical receptacle cover plates or electrical receptacles supplied from the emergency systems shall be distinctively colored or marked for identification. If color is used for identification purposes, the same color shall be used throughout the ASC.			
<b>(40) Call Systems</b>			
(a) General. Signaling and nurse call equipment shall be provided in an ASC with Class B and C operating rooms and shall include the following types of call stations: patient stations, staff assist, bath stations, and code call stations.			
(A) Call station locations shall be as required in Table 5.			
(B) Call stations shall report to an attended location with electronically supervised visual and audible annunciation.			

ADMINISTRATIVE RULE SECTION	COMPLIED?		COMMENT
	YES	NO	
(C) Call system master stations shall be located at the nurse control station and shall provide audible/visual prompting and display all pending calls.			
(D) In addition to these rules, call systems shall meet the requirements of Underwriters Laboratory (UL) 1069: Standards for Hospital signaling and Nurse Call Equipment and state and local requirements.			
(E) Alternate technologies including radio frequency systems shall be permitted for call systems in an ASC with Class A operating rooms.			
(b) Patient stations. Patient stations shall be provided to allow each patient to summon assistance from the nursing staff. Use of a dual call station shall be permitted when beds are located adjacent to each other.			
(A) The patient station shall be equipped with the following:			
(i) A visible signal once it has been activated. An indicator light or call assurance lamp that remains lighted until a call is cancelled shall be provided. In rooms containing two or more patient stations, call assurance lamps shall be provided at each station; and			
(ii) A reset switch for canceling a call.			
(B) The patient station shall activate a visible signal in the corridor at the patient's door or at the nurse station within the room with the patients under constant visual surveillance and at the master station.			
(c) Bath stations. Bath stations shall be located to the side of toilets within 12 inches of the front of the toilet bowl and 3 to 4 feet above the floor. A bath station with a pull string that can be activated by a patient lying on the floor shall be provided at each room containing a patient water closet, tub, or shower. An alarm in these areas shall be able to be turned off only at the bath station where it is initiated.			
(d) Code call stations. Commonly referred to as a "Code Blue," code call stations are meant for use during a life-threatening situation to summon assistance from others throughout the unit or department.			
(A) The code call station shall be equipped with a continuous audible or visual confirmation to the person who initiated to code call._			
(e) Staff assist call stations. Staff assist call stations are meant for use during a non-life threatening situation to summon assistance from others throughout the unit or department.			

[ED. NOTE: The Table(s) referenced are available from the agency.]

[Publications: The publication(s) referenced are available from the agency.]

Stat. Auth.: ORS 441.025 & ORS 441.060

Stats. Implemented: ORS 441.025 & ORS 441.060



**TABLE 1**  
**(OAR 333-076-0185)**  
**VENTILATION REQUIREMENTS FOR**  
**AMBULATORY SURGICAL CENTERS**  
**(REFER TO NOTES AT END OF TABLE FOR ADDITIONAL INFORMATION)**

<b>AREA DESIGNATION</b>	<b>AIR MOVEMENT RELATIONSHIP TO ADJACENT AREA<sup>f</sup></b>	<b>MINIMUM OUTSIDE AIR CHANGES PER HOUR</b>	<b>MINIMUM TOTAL AIR CHANGES PER HOUR</b>	<b>ALL AIR EXHAUSTED DIRECTLY OUTDOORS<sup>c</sup></b>	<b>RECIRCULATED BY MEANS OF ROOM UNITS<sup>b</sup></b>
Class A operating/invasive procedure rooms <sup>g,k</sup>	Positive	3	15	N/R	No
Class B & C operating/surgical cystoscopic rooms <sup>d,e, g,l,m</sup>	Positive	4	20	N/R	No
Recovery <sup>d</sup> and Phase 2 recovery rooms	N/R	2	6	N/R	No
Medical/anesthesia gas storage <sup>i</sup>	Negative	N/R	8	Yes	N/R
Laser eye room	Positive	3	15	N/R	No
Patient room <sup>j</sup>	N/R	2	6	N/R	N/R
Toilet room	Negative	N/R	10	Yes	No
Examination room	N/R	2	6	N/R	N/R
Medication room	Positive	2	4	N/R	N/R
Endoscopy	Negative	2	15	Yes	No
Endoscope cleaning	Negative	2	10	Yes	No
Bronchoscopy <sup>f</sup>	Negative	2	12	Yes	No
Sterilizer equipment room	Negative	N/R	10	Yes	No
Soiled or decontamination room	Negative	2	6	Yes	No
Clean workroom	Positive	2	4	N/R	No
Sterile storage	Positive	2	4	N/R	N/R
Soiled linen sorting and storage	Negative	N/R	10	Yes	No
Clean linen storage	Positive	N/R	2	N/R	N/R
Linen and trash chute room	Negative	N/R	10	Yes	No

Darkroom	Negative	2	10	Yes	No
Bathroom	Negative	N/R	10	Yes	No
Janitor's closet	Negative	N/R	10	Yes	No
Soiled workroom or soiled holding	Negative	2	10	Yes	No
Clean workroom or clean holding	Positive	2	4	N/R	N/R
Hazardous material storage	Negative	2	10	Yes	No

- a. This table covers ventilation standards for asepsis and odor control in areas of ambulatory surgical centers that directly affect patient care. It is recommended that areas not listed in this table be ventilated in accordance with ASHRAE Standard 170 *Ventilation of Health Care Facilities*. When specialized facilities include sensitive areas not listed in Table 1, the system designer shall contact Facilities Planning and Safety for consultation. See also the Oregon Structural Specialty Code occupancy requirements, and the Oregon Mechanical Specialty Code for ventilation, outside air, and exhaust.
- b. Recirculating room HVAC units (with heating or cooling coils) are acceptable to achieve the required air change rates. Because of the cleaning difficulty and the potential for buildup of contamination, recirculating room units shall not be used in areas marked "No". Isolation rooms may be ventilated by reheat induction units in which only the primary air supplied from a central system passes through the reheat unit. Gravity-type heating or cooling units, such as radiators or convectors, shall not be used in operating rooms and other special care areas.
- c. In some areas with potential contamination and/or odor problems, exhaust air shall be discharged directly to the outdoors and not recirculated to other areas. Individual circumstances may require special consideration for air exhausted to the outdoors, for example, intensive care units in which patients with pulmonary infection are treated and rooms for burn patients. To satisfy exhaust needs, constant replacement air from the outdoors is necessary when the system is in operation.
- d. Systems serving Class B and C Operating and Recovery Rooms shall be capable of maintaining room temperatures between 68 and 75F in operating rooms and 70 to 75F in recovery rooms during normal operation. Lower or higher temperature shall be permitted when patients' comfort and/or medical conditions require those conditions.
- e. National Institute for Occupational Safety and Health (NIOSH) criteria documents regarding occupational exposure to waste anesthetic gases and vapors, and control of occupational exposure to nitrous oxide indicate a need for both local exhaust (scavenging) systems and general ventilation of the areas in which the respective gases are utilized. Refer to NFPA 99 for other requirements.
- f. If monitoring device alarms are installed, allowances shall be made to prevent nuisance alarms. Short term excursions from required pressure relationships shall be allowed while doors are moving or temporarily open. Simple visual methods such as smoke trail, ball-in-tube, or flutterstrip shall be permitted for verification of airflow direction.

- g. Surgeons or surgical procedures may require room temperatures, ventilation rates, humidity ranges, and/or air distribution methods that exceed the minimum indicated ranges.
- h. Procedure rooms used for bronchoscopy shall be treated as bronchoscopy rooms. Procedure rooms used for procedures with nitrous oxide shall contain provisions for exhausting anesthetic waste gases.
- i. See NFPA 99 for further requirements.
- j. For patient rooms, four total air changes per hour shall be permitted when supplemental heating and/or cooling systems (radiant heating and cooling, baseboard heating, etc.) are used.
- k. Class A Operating Room. For the purpose of this rule, a Class A operating room is for surgery and other procedures that require “minimal” sedation including but not limited to minor surgical procedures performed under topical and local infiltration blocks with or without oral or intramuscular preoperative sedation. A surgical procedure performed in a Class A operating room could also be performed in Class B or C operating room.
- l. Class B Operating Room. For the purposes of this rule a Class B operating room is for surgery and other procedures that require “conscious” sedation, including but not limited to minor or major surgical procedures performed in conjunction with oral, parenteral, or intravenous sedation or under analgesic or dissociative drugs. A procedure performed in a Class B operating room could also be performed in a Class C operating room.
- m. Class C Operating Room. For the purpose of this rule a Class C operating room is for surgery and procedures that require general anesthesia or “deep” sedation, including but not limited to major surgical procedures that require general or regional block anesthesia and support of vital bodily functions.

**TABLE 2**  
**(OAR 333-076-0185)**  
**FILTER EFFICIENCIES FOR VENTILATION SYSTEMS IN**  
**AMBULATORY SURGICAL CENTERS**

AREA DESIGNATION	NUMBER OF FILTER BEDS	FILTER BED NO. 1 EFFICIENCY	FILTER BED NO. 2 EFFICIENCY
Class B <sup>d</sup> and C <sup>e</sup> surgery and recovery areas, and those areas providing direct service or clean supplies such as sterile and clean processing, etc.	2	30% MERV 6	95% MERV 14
Class A <sup>c</sup> surgery and recovery areas, and those areas providing direct service or clean supplies such as sterile and clean processing, etc.; laboratories.	2	30% MERV 6	80% MERV 13
Class B <sup>d</sup> endoscopy, all other patient care areas, administrative, bulk storage, food preparation, and laundries.	1	30% MERV 6	--

- a. Efficiency ratings shall be based on ASHRAE Standard 52-1 and MERV (minimum efficiency reporting value) ratings shall be based on ASHRAE 52-2.
- b. Air handling systems with unitary equipment that serves only one room (non-central air handlers) shall be provided with a minimum of one filter bed of MERV 6 rating (30% efficiency) unless otherwise noted.
- c. Class A Operating Room. For the purpose of this rule, a Class A operating room is for surgery and other procedures that require “minimal” sedation including but not limited to minor surgical procedures performed under topical and local infiltration blocks with or without oral or intramuscular preoperative sedation. A surgical procedure performed in a Class A operating room could also be performed in Class B or C operating room.
- d. Class B Operating Room. For the purposes of this rule a Class B operating room is for surgery and other procedures that require “conscious” sedation, including but not limited to minor or major surgical procedures performed in conjunction with oral, parenteral, or intravenous sedation or under analgesic or dissociative drugs. A procedure performed in a Class B operating room could also be performed in a Class C operating room.
- e. Class C Operating Room. For the purpose of this rule a Class C operating room is for surgery and procedures that require general anesthesia or “deep” sedation, including but not limited to major surgical procedures that require general or regional block anesthesia and support of vital bodily functions.

**TABLE 3**  
**(OAR 333-076-0185)**  
**STATION OUTLET/INLETS FOR OXYGEN, VACUUM AND MEDICAL AIR SYSTEMS**  
**AMBULATORY SURGICAL CENTERS**

LOCATION	OXYGEN	VACUUM	MEDICAL AIR
Catheterization rooms	1	2	2
Class A <sup>b</sup> operating room (minimal sedation)	1	1	--
Class B <sup>c</sup> operating room (conscious sedation)	2	2	--
Class C <sup>d</sup> operating room (deep sedation)	2	3	--
Post-anesthesia recovery	1	1	--
Phase 2 recovery	0 <sup>a</sup>	0 <sup>a</sup>	--
Endoscopy procedure room	1	3	--
Endoscopy holding/prep/recovery rooms	0 <sup>a</sup>	0 <sup>a</sup>	--

- a. Portable sources shall be available.
- b. Class A Operating Room. For the purpose of this rule, a Class A operating room is for surgery and other procedures that require “minimal” sedation including but not limited to minor surgical procedures performed under topical and local infiltration blocks with or without oral or intramuscular preoperative sedation. A surgical procedure performed in a Class A operating room could also be performed in Class B or C operating room.
- c. Class B Operating Room. For the purposes of this rule a Class B operating room is for surgery and other procedures that require “conscious” sedation, including but not limited to minor or major surgical procedures performed in conjunction with oral, parenteral, or intravenous sedation or under analgesic or dissociative drugs. A procedure performed in a Class B operating room could also be performed in a Class C operating room.
- d. Class C Operating Room. For the purpose of this rule a Class C operating room is for surgery and procedures that require general anesthesia or “deep” sedation, including but not limited to major surgical procedures that require general or regional block anesthesia and support of vital bodily functions.

**TABLE 4**  
**OAR 333-076-0185**

**RECEPTACLE REQUIREMENTS PER AREA**

**1. (NUMBER OF DUPLEX RECEPTACLES ACCESSIBLE TO EACH BED, UNLESS OTHERWISE NOTED.)**

<u>LOCATION</u>	<u>TOTAL RECEPTACLES</u>	<u>CRITICAL POWER RECEPTACLES</u>
Patient Stations, including holding and pre-operation	4	1
Non-invasive Procedure Room	4	2
Class B <sup>c</sup> & C <sup>d</sup> Operating Room, Cath Lab	8	6
Surgical Cystoscopy, and Class B <sup>c</sup> Endoscopy and Bronchoscopy	4	2
Post-Anesthesia Care Unit	4	2
Phase 2 Recovery	2	0

- a. Spaces used for more than one function must meet the most restrictive requirements
- b. These requirements do not apply to outpatient facilities that do not perform invasive applications or procedures.
- c. Class B Operating Room. For the purposes of this rule a Class B operating room is for surgery and other procedures that require “conscious” sedation, including but not limited to minor or major surgical procedures performed in conjunction with oral, parenteral, or intravenous sedation or under analgesic or dissociative drugs. A procedure performed in a Class B operating room could also be performed in a Class C operating room.
- d. Class C Operating Room. For the purpose of this rule a Class C operating room is for surgery and procedures that require general anesthesia or “deep” sedation, including but not limited to major surgical procedures that require general or regional block anesthesia and support of vital bodily functions.

**TABLE 5  
OAR 333-076-0185**

**LOCATION OF NURSE CALL DEVICES**

**KEY: • REQUIRED**

<b>AREA DESIGNATION</b>	<b>PATIENT STATION</b>	<b>STAFF ASSIST STATION</b>	<b>BATH STATION</b>	<b>CODE CALL STATION</b>
Patient toilets			•	
Class B <sup>c</sup> & C <sup>d</sup> Operating rooms		•		•
Procedure rooms		•		•
Recovery – PACU	•	•		•
Recovery – Phase 2, endoscopy	•			
Outpatient examination rooms	•			

- a. Spaces used for more than one function must meet the most restrictive requirements.
- b. These requirements do not apply to outpatient facilities that do not perform invasive applications or procedures.
- c. Class B Operating Room. For the purposes of this rule a Class B operating room is for surgery and other procedures that require “conscious” sedation, including but not limited to minor or major surgical procedures performed in conjunction with oral, parenteral, or intravenous sedation or under analgesic or dissociative drugs. A procedure performed in a Class B operating room could also be performed in a Class C operating room.
- d. Class C Operating Room. For the purpose of this rule a Class C operating room is for surgery and procedures that require general anesthesia or “deep” sedation, including but not limited to major surgical procedures that require general or regional block anesthesia and support of vital bodily functions.